



2007 REMITTANCE VOUCHER SPECIFICATIONS

List of Payment Voucher Forms:

N-1	Declaration of Estimated Income Tax for Individuals
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N-5	Declaration of Estimated Income Tax for Estates and Trusts
N-100	Application for Automatic Extension to File Hawaii Return for a Partnership, Trust, or REMIC
N-101A	Application for Automatic Extension of Time to File Hawaii Individual Income Tax Return
N-200V	Individual Income Tax Payment Voucher
N-201V	Business Income Tax Payment Voucher
N-301	Application for Automatic Extension of Time to File Hawaii Corporation Income Tax Return
VP-1T	Transient Accommodations (TA) Tax Payment Voucher to process payment for the periodic TA return
VP-1R	Rental Motor & Tour Vehicle (RV) Tax Payment Voucher to process payment for the periodic RV return
VP-1	Business Tax Payment Voucher to process payment for the Annual Return & Reconciliation, amended return, and extension of GE, TA, WH, RV taxes

2007 Remittance Voucher Specifications

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document. Examples of the payment vouchers depicted in this document are not to scale and should only be used only as a reference of the document's overall layout.

The use of payment vouchers allows the Department to deposit collections and to process payment information more efficiently. Printing the vouchers identified in page 1 with the appropriate taxpayer information will allow for automated processing of the payment.

Common Form Layout

- The format and layout of each payment voucher must be similar to the official version.
- Payment voucher must be 8.5 inches wide and 3.75 inches high. The exceptions are the VP-1T and VP-1R vouchers which are 8.5 inches wide and 3 inches high.
- Payment voucher must be printed on the bottom of the page, one per page, to ensure a straight line for the scanning equipment to read the scan line.
- The Form N-301 payment voucher has information on both the front (payment voucher) and the back (reasons for rejection) of the document. If duplex printing cannot be done, then print the reasons for rejection on a separate page. The dimension of the separate page is the same dimension as the payment voucher and must include the "DETACH HERE" dotted line separator indicator.

Scan Line Printing

- Scan line must start 0.5 inch from the left edge.
- Bottom of scan line must be 0.5 inch from the bottom of the page.
- Scan line font must be OCR Font A, 12 point, 10 characters per inch.
- There must be an OCR scan bandwidth area that extends from the bottom of the page and with a height of 0.75 inches. The OCR scan bandwidth area is to be free of any print other than the OCR scan line itself, nor should there be any printing on the reverse side of this area.

Example:

Form Tax Year					DETACH HERE		DO NOT WRITE OR STAPLE IN THIS SPACE	
N-101A		2006		STATE OF HAWAII — DEPARTMENT OF TAXATION				
(Rev. 2006)				APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII INDIVIDUAL INCOME TAX RETURN				
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM								
<input type="checkbox"/> Check this box if this is a change of address.								
Your first name		M.I.	Last name	Your social security number		Tax Year Ending (MM/DD/YY)		
Jacob		J	Jinglehymer-Schmidt	000-00-1234		12/31/06		
If joint return, spouse's first name		M.I.	Last name	Spouse's social security number		4-Month Extension Ending (MM/DD/YY)		
						08/20/07		
Present mailing or home address (Number and street, including rural route)				Apartment number		Amount of Payment		
1756 Komo Mai Drive				801		\$250.00		
City, town, or post office		State	ZIP Code	Country	For office use only	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2006 Form N-101A" on your check or money order.		
Pearl City		HI	96782-1402					
0004400110132 01 0820075 1231065 1 0000012343 1 0000000000 000000250007								

0.5" Margin

0.5" Margin

0.5" Margin

0.75" OCR Scan Bandwidth Margin

0.5" Margin

Printing

- Field constraints used in the vouchers (e.g., amount of payment field, tax period end date field, etc.) do not need to be recreated if values for these fields are printed in Courier font, 12 pt.
- All taxpayer-specific information not located on the OCR scan line must be printed in Courier font, 12 pt.

Testing and Approval of Payment Vouchers

- A minimum of 10 hardcopy test samples of each tax type must be provided to ensure proper testing.
- The test samples must contain data in the scan line that simulates production data, with different SSN/FEINs and last names where applicable. For individual vouchers (N-1, N-101A, N-200V), submit test samples with single and joint taxpayer information.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of each voucher type must be obtained from the Department **prior** to filing.

Scan Line Content

- Please refer to each payment voucher type for specifications regarding scan line and variable data placement.
- The Department has assigned a two-digit number to software developers who reproduce Hawaii forms. Refer to the Vendor I.D. Number Table. This identification number must be placed where specified on each scan line. If your company is not listed in the Vendor I.D. Number Table, please contact the Technical Section.

Modulus 11 Check Digit Algorithm

- The Department uses a Modulus 11 Check Digit Algorithm for field values on the OCR scan line. Check digits are used to guard against incorrect scanning or transmission of data.
- A detailed explanation on how to calculate the check digit is on the last two pages of this document. Check digits should be calculated and added as indicated by the respective payment voucher OCR scan line specifications.

Contact

- Mail all samples and correspondence regarding payment vouchers and related issues to:

State of Hawaii Department of Taxation
Technical Section
Attention: Alexis Shiohira, Forms Coordinator
830 Punchbowl Street, Room 126
Honolulu, HI 96813

Tax.Technical.Section@hawaii.gov
808-587-1577
808-587-1584 (Fax)

N-1 Declaration of Estimated Income Tax for Individuals

Form N-1 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

DETACH HERE				DO NOT WRITE OR STAPLE IN THIS SPACE			
Form N-1 <small>(Rev. 2006)</small>	Tax Year 2007	STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL ESTIMATED INCOME TAX Voucher No. 4 Calendar Year — Due January 20, 2008					
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM							
<input type="checkbox"/> Check this box if this is a change of address. <table border="1" style="float: right;"> <tr> <td>PNT</td> <td>INT</td> </tr> </table>						PNT	INT
PNT	INT						
Your first name Joe	M.I. A	Last name Taxpayer	Your social security number 001-00-8888				
If joint return, spouse's first name Jane	M.I. B	Last name Taxpayer	Spouse's social security number H00-00-9999				
Present mailing or home address (Number and street, including rural route) 425 Aloha Oi Street				Apartment number 101			
City, town, or post office Honolulu	State HI	ZIP Code 96813-5095	Country	For office use only			
				Amount of Payment \$1,001.00			
<small>MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2007 Form N-1" on your check or money order.</small>							
20044001001294 01 1231073 1 0010088881 2 0000099996 000001001000							

OCR Scan Line Specifications For N-1

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00100129.
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
28	Blank Space	Space	
29-37	Taxpayer ID	Number	Taxpayer SSN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 099999999.
38	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
39	Blank Space	Space	
40	Temporary Spouse ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN or if <u>not</u> filing a

2007 Remittance Voucher Specifications

Position	Field	Format	Comment
			joint return, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
41	Blank Space	Space	
42-50	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN or constructed taxpayer spouse's ID if a temporary number. Construct the taxpayer spouse's ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 099999999. Value is zeroes if <u>not</u> filing a joint return.
51	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
52	Blank Space	Space	
53-63	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
64	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-3 Declaration of Estimated Income Tax for Corporations

Form N-3 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form N-3 Tax Year 2007 <small>(Rev. 2006)</small>		DETACH HERE- STATE OF HAWAII — DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX Voucher No. 2 THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 6th MONTH OF THE TAXABLE YEAR.		DO NOT WRITE OR STAPLE IN THIS SPACE	
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM <input type="checkbox"/> Check this box if this is a change of address.		<input type="checkbox"/> PNT <input type="checkbox"/> INT			
Name of Corporation My Corporation		FEIN H9-8102030			
DBA or C/O Happy Days Company				Tax Year Ending (MM/DD/YY) 09/30/08	
Address 7500 Kalaniana'ole Hwy		Suite number 1212		Amount of Payment \$999.00	
City, town, or post office Honolulu	State HI	ZIP Code 96825	Country	For office use only MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2007 Form N-3" on your check or money order.	
20044010003222 01 0930083 2 0981020305 000000999008					

OCR Scan Line Specifications For N-3

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 01000322.

2007 Remittance Voucher Specifications

Position	Field	Format	Comment
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if FEIN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
28	Blank Space	Space	
29-37	Taxpayer ID	Number	Taxpayer FEIN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H0-0007654 = Taxpayer ID 000007654.
38	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
39	Blank Space	Space	
40-50	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
51	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-5 Declaration of Estimated Income Tax for Estates and Trusts

Form N-5 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

DETACH HERE-					DO NOT WRITE OR STAPLE IN THIS SPACE	
Form N-5 (Rev. 2006)		Tax Year 2007			STATE OF HAWAII — DEPARTMENT OF TAXATION ESTIMATED INCOME TAX FOR ESTATES AND TRUSTS Voucher 1 THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 4th MONTH OF THE TAXABLE YEAR.	
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM						
<input type="checkbox"/> Check this box if this is a change of address.					PNT INT	
Name of Estate or Trust John Doe Trust				FEIN 94-1090108		
Dba or C/O						
Address 98-211 Kaamilo Street				Suite number		
City, town, or post office Aiea		State HI	ZIP Code 96701	Country		
				For office use only		
				Tax Year Ending (MM/DD/YY) 12/31/07		
				Amount of Payment \$5,550.00		
MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2007 Form N-5" on your check or money order.						
20044002005141 01 1231073 1 941090108? 000005550009						

OCR Scan Line Specifications For N-5

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00200514.
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if FEIN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
28	Blank Space	Space	
29-37	Taxpayer ID	Number	Taxpayer FEIN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H0-0007654 = Taxpayer ID 000007654.
38	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
39	Blank Space	Space	
40-50	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
51	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-100 Application for Automatic Extension to File Hawaii Return for a Partnership, Trust, or REMIC

Form N-100 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

2007 Remittance Voucher Specifications

DETACH HERE-					DO NOT WRITE OR STAPLE IN THIS SPACE
Form N-100 <small>(Rev. 2006)</small>	Tax Year 2006	STATE OF HAWAII — DEPARTMENT OF TAXATION APPLICATION FOR AUTOMATIC EXTENSION TO FILE HAWAII RETURN FOR A PARTNERSHIP, TRUST, OR REMIC			
<input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> REMIC					
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM <input type="checkbox"/> Check this box if this is a change of address.					
Name Hawaii Film Ventures Partnership		FEIN H0-5709897		Tax Year Ending (MM/DD/YY) 12/31/06 3-Month Extension Ending (MM/DD/YY) 07/20/07 Amount of Payment \$100,000.00	
DBA or C/O					
Address 5101 Rodeo Parkway		Suite number			
City, town, or post office Beverly Hills	State CA	ZIP Code 90210	Country	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2006 Form N-100" on your check or money order.	
For office use only					
2004400010022 01 0720070 1231065 2 0057098972 000100000002					

OCR Scan Line Specifications for N-100

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00010022.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Extension Date	MMDDYY	
24	Extension Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-31	Tax Period End Date	MMDDYY	
32	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
33	Blank Space	Space	
34	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if FEIN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
35	Blank Space	Space	
36-44	Taxpayer ID	Number	Taxpayer FEIN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H0-5709897 = Taxpayer ID 005709897.
45	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
46	Blank Space	Space	
47-57	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
58	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-101A Application for Automatic Extension of Time to File Hawaii Individual Tax Return

Form N-101A has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form N-101A 2006					STATE OF HAWAII — DEPARTMENT OF TAXATION		DO NOT WRITE OR STAPLE IN THIS SPACE	
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII INDIVIDUAL INCOME TAX RETURN								
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM								
<input type="checkbox"/> Check this box if this is a change of address.								
Your first name	M.I.	Last name	Your social security number		Tax Year Ending (MM/DD/YY)			
Jacob	J	Jinglehymmer-Schmidt	000-00-1234		12/31/06			
If joint return, spouse's first name	M.I.	Last name	Spouse's social security number		4-Month Extension Ending (MM/DD/YY)			
					08/20/07			
Present mailing or home address (Number and street, including rural route)					Amount of Payment			
1756 Komo Mai Drive					\$250.00			
City, town, or post office	State	ZIP Code	Country	For office use only	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2006 Form N-101A" on your check or money order.			
Pearl City	HI	96782-1402						
2004400110132 01 0820075 1231065 1 0000012343 1 0000000000 000000250007								

OCR Scan Line Specifications for Form N-101A

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00110132.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Extension Date	MMDDYY	
24	Extension Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-31	Tax Period End Date	MMDDYY	
32	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
33	Blank Space	Space	
34	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
35	Blank Space	Space	
36-44	Taxpayer ID	Number	Taxpayer SSN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 0999999999.

2007 Remittance Voucher Specifications

Position	Field	Format	Comment
45	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
46	Blank Space	Space	
47	Temporary Spouse ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN or if <u>not</u> filing a joint return, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
48	Blank Space	Space	
49-57	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN or constructed taxpayer spouse's ID if a temporary number. Construct the taxpayer spouse's ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 099999999. Value is zeroes if <u>not</u> filing a joint return.
58	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
59	Blank Space	Space	
60-70	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
71	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-200V Individual Income Tax Payment Voucher

Form N-200V has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

DETACH HERE					DO NOT WRITE OR STAPLE IN THIS SPACE	
Form N-200V		Tax Year 2006		STATE OF HAWAII — DEPARTMENT OF TAXATION INDIVIDUAL INCOME TAX PAYMENT VOUCHER		
<small>(Rev. 2006)</small>						
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM						
<input type="checkbox"/> Check this box if this is a change of address.						
Your first name Tester		M.I. J	Last name Michael	Your social security number H01-20-3030		
If joint return, spouse's first name		M.I.	Last name	Spouse's social security number		
Present mailing or home address (Number and street, including rural route) 989 Ala Wai Blvd				Apartment number 1701		
City, town, or post office Honolulu		State HI	ZIP Code 96815	Country 		
				For office use only		
				Amount of Payment \$1,581.00		
MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, "2006", and form number of the tax return you are filing (e.g. "2006 Form N-11") on your check or money order.						
2004400120014 01 1231065 2 0012030309 1 0000000000 000001581007						

OCR Scan Line Specifications For N-200V

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00120014.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
27	Blank Space	Space	
28-36	Taxpayer ID	Number	Taxpayer SSN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 099999999.
37	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
38	Blank Space	Space	
39	Temporary Spouse ID Indicator	Number	Value is 1 or 2. Set value to 1 if SSN or if <u>not</u> filing a joint return, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
40	Blank Space	Space	
41-49	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN or constructed taxpayer spouse's ID if a temporary number. Construct the taxpayer spouse's ID by replacing the 'H' with a zero. Example: Temporary ID H99-99-9999 = Taxpayer ID 099999999. Value is zeroes if <u>not</u> filing a joint return.
50	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
51	Blank Space	Space	
52-62	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
63	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-201V Business Income Tax Payment Voucher

Form N-201V has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

2007 Remittance Voucher Specifications

DETACH HERE - - - - -					DO NOT WRITE OR STAPLE IN THIS SPACE
Form	Tax Year	STATE OF HAWAII — DEPARTMENT OF TAXATION BUSINESS INCOME TAX PAYMENT VOUCHER			
N-201V	2006	<input checked="" type="checkbox"/> CORPORATION/PARTNERSHIP <input type="checkbox"/> FIDUCIARY			
(Rev. 2006)					
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM					
<input type="checkbox"/> Check this box if this is a change of address.					
		PNT		INT	
Name		FEIN			
Lunch Bunch Partners		90-1234567			
Dba or C/O					Calendar or Fiscal Year Ending (MM/DD/YY) 06/30/07
Address				Suite number	Amount of Payment \$6,000.00
617 Queen Street				301	
City, town, or post office	State	ZIP Code	Country	For office use only	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your FEIN, "2006", and form number of the tax return you are filing (e.g. "2006 Form N-30") on your check or money order.
Honolulu	HI	96813			
2004400020117 01 0630071 1 9012345672 000006000002					

OCR Scan Line Specifications N-201V

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00020117.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if FEIN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
27	Blank Space	Space	
28-36	Taxpayer ID	Number	Taxpayer FEIN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H0-5709897 = Taxpayer ID 005709897.
37	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
38	Blank Space	Space	
39-49	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
50	Amount of Payment Check Digit	Number	See Check Digit Calculation.

N-301 Application for Automatic Extension of Time to File Hawaii Corporation Income Tax

2007 Remittance Voucher Specifications

Note: The Form N-301 payment voucher has information on both the front (payment voucher) and the back (reasons for rejection) of the document. If duplex printing cannot be done, refer to instructions in the Common Form Layout section on page 3.

Form N-301 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form <u> </u> Tax Year <u> </u>		DETACH HERE-		DO NOT WRITE OR STAPLE IN THIS SPACE	
N-301 2006 <small>(Rev. 2006)</small>		STATE OF HAWAII — DEPARTMENT OF TAXATION APPLICATION OF AUTOMATIC EXTENSION OF TIME TO FILE HAWAII CORPORATION INCOME TAX			
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM <input type="checkbox"/> Check this box if this is a change of address.					
Name Good Kine Stuff of Hawaii Inc.		FEIN 00-9101020		PNT INT	
DBA or C/O					
Address 711 Kapiolani Blvd				Suite number 1080	
City, town, or post office Honolulu	State HI	ZIP Code 96813-5238	Country	For office use only	
DECLARATION I declare, under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct and that I have been authorized by the above-named entity to make this application.				MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2006 Form N-301" on your check or money order.	
Signature		Title		Date	
2004401030116 01 0930075 1 0091010209 000000222003					

OCR Scan Line Specifications For N-301

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 01030116.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26	Temporary Taxpayer ID Indicator	Number	Value is 1 or 2. Set value to 1 if FEIN, else set value to 2 if a temporary ID (H number) was issued by DOTAX.
27	Blank Space	Space	
28-36	Taxpayer ID	Number	Taxpayer FEIN or constructed taxpayer ID if a temporary number. Construct the taxpayer ID by replacing the 'H' with a zero. Example: Temporary ID H0-5709897 = Taxpayer ID 005709897.
37	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
38	Blank Space	Space	

2007 Remittance Voucher Specifications

Position	Field	Format	Comment
39-49	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
50	Amount of Payment Check Digit	Number	See Check Digit Calculation.

VP-1T Transient Accommodations Tax Payment Voucher

Note: The Form VP-1T payment voucher is attached to the Transient Accommodations tax return (Form TA-1). This voucher is used to process payments for the periodic TA return. The dimensions of the voucher is 8.5 inches wide and 3 inches high.

Form VP-1T has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

FORM TA-1
(REV. 2005) STATE OF HAWAII — DEPARTMENT OF TAXATION
TRANSIENT ACCOMMODATIONS TAX RETURN

DO NOT WRITE IN THIS AREA

20

NAME: Joe Taxpayer

☒ Month ☐ Quarter ☐ Semiannual Period

Beginning April 1, 20 07 and Ending April 30, 20 07

(Do not combine your income for more than one filing period on this return.)

Last 4 Digits of Your FEIN or SSN: 0 2 4 6 HAWAII TAX I.D. NO. W 1 1 1 1 1 1 1 1 - 0 1

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1T HERE •

DISTRICT		GROSS RENTAL OR GROSS RENTAL PROCEEDS a		EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) b		TAXABLE PROCEEDS c		RATE	TAXES d		
1	TAXATION DISTRICT 1 (OAHU)	9730	90			9730	90	.0725	705	49	1
2	TAXATION DISTRICT 2 (MAUI, MOLOKAI, LANAI)							.0725			2
3	TAXATION DISTRICT 3 (HAWAII)							.0725			3
4	TAXATION DISTRICT 4 (KAUAI)							.0725			4
5	IF YOU DO NOT HAVE ANY GROSS RENTAL OR GROSS RENTAL PROCEEDS, AND THE RESULT IS NO TAX DUE, ENTER "0" IN EACH COLUMN FOR THE APPLICABLE TAX DISTRICT(S) AND ON LINES 5 AND 8.					5	TOTAL TAXES DUE (ADD LINES 1 thru 4 of column d, AND ENTER HERE)		705	49	5
FOR LATE FILING ONLY →						6a	PENALTY →				6a
						6b	INTEREST →				6b
7	ATTACH YOUR CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN ON ANY U.S. BANK AND FORM VP-1T TO FORM TA-1. WRITE "TA", THE FILING PERIOD, AND YOUR HAWAII TAX I.D. NO. ON YOUR CHECK OR MONEY ORDER.					7	TOTAL PAYMENT (ADD LINES 5, 6a, and 6b; ENTER AMOUNT HERE)		705	49	7
8	GRAND TOTAL EXEMPTIONS/DEDUCTIONS FROM BACK OF FORM					8					

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the Transient Accommodations Tax Law, Chapter 237D, HRS and the rules issued thereunder.

A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE

TITLE

DATE

NOTE: This form may be electronically filed (e-filed) with the Department of Taxation.
For more information, go to www.ehawaii.gov/efile

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 2430
HONOLULU, HI 96804-2430

FORM TA-1 **20**

✂ — — — — — DETACH HERE — — — — — ✂

Form
VP-1T
(Rev. 2005) STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX PAYMENT VOUCHER
TRANSIENT ACCOMMODATIONS

Period Beginning 04/01/07 and Ending 04/30/07

Hawaii Tax I.D. No. MM/DD/YY MM/DD/YY

W 11111111 - 01

LAST 4 DIGITS OF YOUR FEIN OR SSN

0246

Name

Joe Taxpayer

DO NOT WRITE OR STAPLE IN THIS SPACE

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" TO FORM TA-1. Write "TA", the filing period, and your Hawaii Tax I.D. No. on your check or money order.

Amount of Payment

\$ 705.49

2004400090115 01 0430072 11111110 01 000000705497

OCR Scan Line Specifications For VP-1T

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00090115.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-33	Customer ID	Number	Set value to Customer ID with 'W' removed.
34	Customer ID Check Digit	Number	See Check Digit Calculation.
35	Blank Space	Space	
36-37	Tax Account Suffix	Number	Sequence number assigned by DOTAX to each tax account.
38	Blank Space	Space	
39-49	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents.
50	Amount of Payment Check Digit	Number	See Check Digit Calculation.

VP-1R Rental Motor and Tour Vehicle Tax Payment Voucher

Note: The Form VP-1R payment voucher is attached to the Rental Motor Vehicle and Tour Vehicle Surcharge tax return (Form RV-2). This voucher is used to process payments for the periodic RV return. The dimensions of the voucher is 8.5 inches wide and 3 inches high.

Form VP-1R has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

2007 Remittance Voucher Specifications

FORM RV-2
(REV. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION RENTAL MOTOR VEHICLE AND TOUR VEHICLE SURCHARGE TAX

DO NOT WRITE IN THIS AREA

80

NAME: Joe Taxpayer

☒ Month ☐ Quarter ☐ Semiannual Period

Beginning April 1, 2007 and Ending April 30, 2007

(Do not combine your income for more than one filing period on this return.)

HAWAII TAX I.D. NO.

W 1 1 1 1 1 1 1 1 - 0 1

LAST 4 DIGITS OF YOUR FEIN OR SSN: 0 2 4 6

• ATTACH CHECK OR MONEY ORDER AND FORM VP-1R HERE •

	COLUMN A Rental Motor Vehicle Surcharge Tax — Enter the Number of Rental Motor Vehicle Days	COLUMN B Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers	COLUMN C Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 26 or More Passengers	
1 OAHU DISTRICT	70			1
2 MAUI DISTRICT				2
3 HAWAII DISTRICT				3
4 KAUAI DISTRICT				4
5 TOTALS (Add lines 1 thru 4 of columns A, B, and C)				5
6 RATES	\$3	\$15	\$65	6
7 TAXES (Multiply line 5 by line 6 of columns A, B, and C)	210 00	00	00	7
IF YOU DO NOT HAVE ANY ACTIVITY, AND THE RESULT IS NO TAX LIABILITY, ENTER '0' ON LINE 8. THIS RETURN MUST BE FILED.		8 TOTAL TAXES DUE (Add line 7, columns A thru C, and enter here)	210 00	8
FOR LATE FILING ONLY →		9a PENALTY		9a
		9b INTEREST		9b
ATTACH YOUR CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN ON ANY U.S. BANK AND FORM VP-1R TO FORM RV-2. WRITE "RV", THE FILING PERIOD, AND YOUR HAWAII TAX I.D. NO. ON YOUR CHECK OR MONEY ORDER.		10 PLEASE ENTER AMOUNT OF YOUR PAYMENT (add lines 8, 9a and 9b)	210 00	10

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the Rental Motor Vehicle and Tour Vehicle Surcharge Tax Law and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

— MAILING ADDRESS —
Hawaii Department of Taxation
P.O. Box 2430
Honolulu, HI 96804-2430

FORM RV-2 80

✂

DETACH HERE

✂

Form
VP-1R
(Rev. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX PAYMENT VOUCHER RENTAL MOTOR AND TOUR VEHICLE

Period Beginning 04/01/07 and Ending 04/30/07
MM/DD/YY MM/DD/YY

Hawaii Tax I.D. No.

W 11111111 - 01

LAST 4 DIGITS OF YOUR FEIN OR SSN

0246

Name

Joe Taxpayer

DO NOT WRITE OR STAPLE IN THIS SPACE

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Print the amount of your payment in the space provided. ATTACH THIS
VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII
STATE TAX COLLECTOR" TO FORM RV-2. Write "RV", the filing period,
and your Hawaii Tax I.D. No. on your check or money order.

Amount of Payment

\$ 210.00

2004400090115 01 0430072 11111110 01 000000210005

OCR Scan Line Specifications For VP-1R

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00090115.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-33	Customer ID	Number	Set value to Customer ID with 'W' removed.
34	Customer ID Check Digit	Number	See Check Digit Calculation.
35	Blank Space	Space	
36-37	Tax Account Suffix	Number	Sequence number assigned by DOTAX to each tax account.
38	Blank Space	Space	
39-49	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents.
50	Amount of Payment Check Digit	Number	See Check Digit Calculation.

VP-1 GEW/TAT Tax Payment Voucher

Note: The Form VP-1 payment voucher is used to process payments for the Annual Return & Reconciliation, amended return, and extension of GE, TA, WH, and RV taxes. Since the VP-1 payment voucher is not attached to any return, the dimensions of the voucher is the standard 8.5 inches wide and 3.75 inches high.

Form VP-1 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

2007 Remittance Voucher Specifications

DETACH HERE		DO NOT WRITE OR STAPLE IN THIS SPACE
<p>Form VP-1 <small>(REV. 2006)</small></p> <p>STATE OF HAWAII — DEPARTMENT OF TAXATION TAX PAYMENT VOUCHER</p> <p style="text-align: center;"><small>DO NOT SUBMIT PHOTOCOPIES OF THIS FORM</small></p> <p>Last 4 Digits of Your FEIN or SSN: <u>9 8 7 6</u></p> <p>Name (Please print): <u>Joe Taxpayer</u></p> <p>Tax Type (check only 1)</p> <p><input checked="" type="checkbox"/> General Excise (GE)</p> <p><input type="checkbox"/> Transient Accommodations (TA)</p> <p><input type="checkbox"/> Hawaii Withholding (WH)</p> <p><input type="checkbox"/> Rental Motor & Tour Vehicle (RV)</p>	<p>Filing Type (check only 1)</p> <p><input type="checkbox"/> License Fee 1st Period End (MM/DD/YY) <u> </u></p> <p><input type="checkbox"/> Period Period Begin (MM/DD/YY) <u> </u> Period End (MM/DD/YY) <u> </u></p> <p><input checked="" type="checkbox"/> Annual (Calendar or Fiscal Year) Tax Year Begin (MM/DD/YY) <u>01/01/07</u> Tax Year End (MM/DD/YY) <u>12/31/07</u></p>	<p>Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR". Write the tax and filing types, and your Hawaii Tax I.D. Number on your check or money order.</p> <p style="text-align: right;">Hawaii Tax I.D. Number W11111111-01</p> <p style="text-align: right;">Amount of Payment \$499.99</p>
2004400090115 01 1231073 111111110 01 000000499994		

OCR Scan Line Specifications For VP-1

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20044.
6-13	Form Number and Check Digit	Number	Set value to 00090115.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-33	Customer ID	Number	Set value to Customer ID with 'W' removed.
34	Customer ID Check Digit	Number	See Check Digit Calculation.
35	Blank Space	Space	
36-37	Tax Account Suffix	Number	Sequence number assigned by DOTAX to each tax account.
38	Blank Space	Space	
39-49	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents.
50	Amount of Payment Check Digit	Number	See Check Digit Calculation.

Vendor I.D. Number Table

Vendor I.D. Number	Company
10	ATX Forms Inc.
11	Aatrix Software, Inc.
12	Alpine Data, Inc.
13	Accountware
14	Best Software, CPA Software Product
15	CCH Incorporated (KS)
16	CCH Incorporated (CA)
17	CCH Incorporated (IL)
18	AccountantsWorld
19	Block Financial Corporation
20	Creative Solutions
21	ADP, Inc.
22	Business Software, Inc.
23	Best Software, Inc.
24	Data Technology Group
25	Deloitte and Touche Tax Technologies LLC
26	CBIZ – Century Business Services
27	Ceridian
28	Advantage Payroll
29	Advanced Micro Solutions
30	Drake Software
31	Exactax, Inc.
40	H&R Block
45	Independent Systems and Programming, Incorporated

Vendor I.D. Number	Company
50	Intuit
54	Liberty Tax Service
55	Jackson Hewitt Tax Service
56	Nelco
57	MasterTax
58	Orrtax Software, Inc.
59	Petz Enterprises, Inc.
60	Rhodes Computer Services, Inc
61	Payroll Tax People LLC
62	Paychex, Inc.
65	RIA
70	STF Services Corporation
71	TaxSation Inc.
73	Taxware Systems Inc.
74	Tax\$imple, Inc.
75	TaxWorks by Laser Systems
77	TriTech Software Development Corporation
78	Trust Tax Services of America (TTSOA)
79	Universal Tax Systems, Inc.
80	Vertex Inc. – Sarasota
85	Wal-Mart Stores, Inc., Financial Support Division
87	WoltersKluwer (KS)
89	Wolters Kluwer North America Shared Services (IL)
90	2 nd Story Software, Inc.

Modulus 11 Check Digit Algorithm

The purpose of the check digit is to guard against errors caused by incorrect scanning of a numeric field. The Department uses the Modulus-11 check digit routine to calculate the check digit of a numeric field on the OCR scan line. Starting from the farthest right position and working through the farthest left position of the field, the Modulus-11 check digit routine will apply (multiply by) a weight factor, from 2 to 9, against each position within the field. Thus, the weight factor of 2 is applied against the farthest right position, weight factor of 3 is applied against the next position, then weight factor 4 is used, and so on until reaching the farthest left position of the field or upon reaching the weight factor of 9. The weight factor recycles back to 2 upon reaching the weight factor of 9. The process below outlines the steps to calculate the check digit value.

Step 1. Multiply each digit position by the corresponding weight. Digit positions are referenced from right to left.

Digit Position	13	12	11	10	9	8	7	6	5	4	3	2	1
Weight	6	5	4	3	2	9	8	7	6	5	4	3	2

↑

* Note that at position 9 the weight value recycles starting at 2 and will continue to increment by 1 from right to left.

Step 2. Add sum of the products (number and weight).

Step 3. If the total is greater than 11, divide the sum by 11. If the total is less than 11, multiply the total by 100 and divide the result by 11

Step 4. If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is greater than 1, subtract the remainder from 11, and the result is the check digit.

EXAMPLE 1: 9 digit social security number 743-57-8847

Step 1 & 2: *Note that the weight value recycles from right to left from 2 starting at position 9.

Position	11	10	9	8	7	6	5	4	3	2	1	
Number	0	0	7	4	3	5	7	8	8	4	7	← SSN
X Weight	4	3	2	9	8	7	6	5	4	3	2	
Total	0	0	14	36	24	35	42	40	32	12	14	= 249

Step 3: Divide the total by 11 and determine the remainder: $249 / 11 = 22$ with a remainder of 7.

Step 4: Since the remainder is greater than 0, subtract 7 from 11: The check digit is 4.

Add the check digit to the lowest digit position of the original number, in this case 4 is added to the right end of the original 9-digit number resulting in **7435788474**.

EXAMPLE 2: 11 digit dollar amount \$1,234,567.89 is equivalent to 00123456789 without the decimal point.

Step 1 & 2: *Note that the weight value recycles from right to left from 2 starting at position 9.

	Position	<u>11</u>	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	
	Number	0	0	1	2	3	4	5	6	7	8	9	← 11-digit
X	Weight	4	3	2	9	8	7	6	5	4	3	2	
	Total	0	0	2	18	24	28	30	30	28	24	18	= 202

Step 3: Divide the total by 11 and determine the remainder: $202 / 11 = 18$ with a remainder of 4.

Step 4: Since the remainder is greater than 0, subtract 4 from 11: The check digit is 7.

Add the check digit to the lowest digit position of the original number, in this case 7 is added to the right end of the original 11-digit number resulting in **001234567897**.

EXAMPLE 3: 4-digit tax year 2003

Step 1 & 2: *Note that the weight value recycles from right to left from 2 starting at position 9.

	Position	<u>11</u>	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	
	Number	0	0	0	0	0	0	0	2	0	0	3	← Tax Year
X	Weight	4	3	2	9	8	7	6	5	4	3	2	
	Total	0	0	0	0	0	0	0	10	0	0	6	= 16

Step 3: Divide the total by 11 and determine the remainder: $16 / 11 = 1$ with a remainder of 5.

Step 4: Since the remainder is greater than 0, subtract 5 from 11: The check digit is 6.

Add the check digit to the lowest digit position of the original number, in this case 6 is added to the right end of the original 4-digit tax year resulting in 20036.